Reset Form	Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificati Number			Report Filed I ( Mark X)	By Candida	té	Committee		Lobbyist
Name of Filing C Lobbyist	ommittee, Ca	ndidate or	COMMIT				IN CASE	CEAKER
Street Address			5411 1	MILLET.	4R	<u>RD</u>		
City	F	AILVIE	W	State	PA	Zip Code	16415	
Type of Report (								
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary		4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Frida Pre-Election	y Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)		u[7][7	Year	2017	Amendment Report		Termination Report	
Summary of Rec Expenditures		From Date	To Dat	e		For	Office Use Only	
		rom Last Report	119	36.97			÷ ;	
B. Total Moneta (From Schedule C. Total Funds A (Sum of Lines A	l) välläble	ns and Receipts	\$ \$		Á			
D. Total Expend (From Schedule	itures III)		\$		· ·			
E. Ending Cash E (Subtract Line D F. Value of In-Ki	from Line C)	ns Received	\$ 1930	4.97				2:1-7
(From Schedule G. Unpaid Debt	10)		\$		5		• )	分分
(From Schedule	W,		1.	Affidavit Se	ction			
Part 1- if this is a C				ndidate report, ca	andidate sign here.	17.0.2		
I swear (or affirm) Sworn to and subs			ned schedules o	on paper, is to the	pest of my knowled	age and belief t	rue, correct and com	piete.
29 day of a	TANUAR Whilin	4 20 18	-	<u> </u>	Jyny Signature	of Person Subn	tull pitting report ale	
My Commission ex	Signature opires 0/	11 202			214	Printed Nam	73-460	4
NOTARIA	OF PENNISYL NISEAL	VANIAY YR.		7	Area Code	Da	ytime Telephone Nur	mber
(Miller cell Timp) Commission Exp	attrie Countyt pires Jan. 11. 2	2021	committee, cand and belief this po	didate shall sign h olitical committee	ere. has not violated an	y provisions of	the Act of June 3, 19	37 (P.L. 1333, NO.320) as
R, PENNSYLVANIAAS Sworn to and subs	SOCIATION OF N	OTARIES				Pare		
day of_		20	- ' .	t	JUM Sig	nature of Candi	datifale	<del></del>
	Signature			_	814	Printed Name	73-6600	<u> </u>
My Commission ex	MO.	DAY YR.	_	_,	Area Code	Day	time Telephone Num	ber

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		The second secon	
	-		
Total for the reporting period (1)	.) \$	5	<u> </u>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		113311799	
Contributions Received from Political Committees (Part A)	\$	1	
All Other Contributions (Part B)	\$	;	
Total for the reporting period (2)	) \$		
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	\$		
All Other Contributions (Part D)	\$	-	
Total for the reporting period (3)	) \$	-	<del></del>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	7.33		
Total for the reporting period (4)	) \$		
Total Monetary Contributions and Receipts during this reporting period (Add and	\$		
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	1 -	,	(in

#### PART A

Filer Identification Number

# **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

建盐医盐 接受		W			
					Amount
Full Name of Co Committee	entributing	,		Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee				Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity	Lawaria Cara a Maria	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing	Control of the Contro		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Col Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	**************************************	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee				Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART B

Filer Identification Number:

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

rt de le des vies i	Harris (State of the Control of the	in the of a library (1914-18)	Maria da Ma	· · · · · · · · · · · · · · · · · · ·		
a veri venivano a	Esperaturos de as	ggi, 1994ga istoret erasila oli erasil	and the second of the second o			
Full Name of G	entributor			Date [MM/DD/YYYY]	\$   	
House#	Street Address	<del></del> -		Date [MM/DD/YYYY]	\$	
				Sara Inia) SAL 1111	] ?	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
	and the state of t					
Full Name of C	ontributor:			Date [MM/DD/YYYY]	\$	
				ORBITICA BULLANGO (CO.)		<u></u>
House#	Street Address			Date [MM/DD/YYYY]	\$.	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
				総制権が施力研判長でのこのでありで、元章: :		
Full Name of G	entributor	<u>and design</u> personal publication and an ex-		Date [MM/DD/YYYY]	\$	
	ing and an analysis of the second sec					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City III		State	Zip Code	Date [MM/DD/YYYY]	\$	
					7	
Full Name of Co	อสเกียนใจ -			Date [MM/DD/YYYY]	\$	<u>.</u>
				A STATE OF THE STA		
Hause#	Street Address		· <del></del> ·····	Date [MM/DD/YYYY]	\$	
		Transportation (A)	Proceedings of the State of the		. :	<del></del>
Gity 63		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	antributor	(41)(12)(12)		Date [MM/DD/YYYY]	\$	
	Maxistanus Negrologium			****		
House #	Street Address			Date [MM/DD/YYYY]	\$	14. L.
City		State	Ζρ Code :-	Date [MM/DD/YYYY]	\$	
Full Name of Co	วักได้เกิดเกิด#		nares called est	Date [MM/DD/YYYY]	\$	
				後間種制度投資化のようなののです。  -		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
# Piar 612 211			11 200 A 100 A	1	1 . 1	

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number

	tan in the second of the con-		and the second of the second o	·
Full Name of Committee			Date [MM/DD/YYYY] \$	
House# Street Addres			Date [MM/DD/YYYY] \$	
Rusin di Bandharia Rusin di Bandharia		Irenia, marchi Editoria		
i <b>city</b>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	e et glade e een late e e e e		Date [MM/DD/YYYY] \$	
House # Street Addres			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/OD/YYYY] \$	
CIV	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	·
House # Street Addres			Date [MM/DD/YYYY] \$	
GIVEN	State	Zip Code	Pate [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres			Date [MM/DD/YYYY] \$	
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of E Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	5		Date [MM/DD/YYYY] \$	
City es	State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART D

# **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Num	ber:			
	TOTAL TERESTAL			
Full Name of Contribu				Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
		Jew-Maranesan	Terical Percentage (Carlot	
Chy		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		.p.cost:schCt=4	<u>  इत्याक्त्रकारिक विकल्प क</u> ्रम्	Occupation
Employer Mailing Add Principal Place of Bus				
Full Name of Contribu	John Paris		and the second of the second o	Date [MM/DD/YYYY] \$
House #	Street Address			Pate [MM/DD/YYYY] \$
				The decimal of the control of the co
City	Physics organization and a visit remarkation	State	<b>Zip Gode</b>	Date [MM/DD/YYYY] 5
Employer Name			<b>尼华拉利斯斯斯斯</b>	Occupation
Employer Mailing Add Principal Place of Bus				BATTHERAS CO. S.
Full Name of Contribu			territorial genta e a filosoficio i per un a caracteristico y a filosoficio.	Date [MM/DD/YYYY] \$
House # House #	Street Address			Date [MM/DD/YYYY] 5
	JUREL AUUTESS			Pare Inimipal 1111
City.		State	Zip Code	Date [MM/DD/YYYY]
Employer Name			解的工作分别是自己的信息。这样 有种用文件是数据的表现的	Occupation
Employer Mailing Add				HEREN CONTROL
Principal Place of Bus Full Name of Contribu	te may be not a financia moral contraction of the c	and the second		Date [MM/DD/YYYY]
				12.10 12.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 13.10 14.10
House #	Street Address			Date [MM/DD/YYYY] \$
City 1		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	T 448411 P 4 P 1448 1 1468 1 C 4 P 14 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4			Occupation
Employer Mailing Add Principal Place of Bus	dress / iness			

#### PART E

# **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

re grenne delle bille del		a se sa e si bilan a basanga 2	CONTRACTOR OF THE STATE OF THE	
Full Name		State of the state of the state of		
House #	Street Address			
City of the second second		State	<b>Z</b> •	Date [MM/DD/YYYY] \$
			Code	53.530.50
Receipt Description			COMMANDE / STATE -	
Full Name	Free Control of the C			
House #	Street Address			
City sand government in Greenwale observable		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				[法]報酬
Full Name	eriouer Principal Principal	program of the energy of the section of	e estatu et la sur estatu. Las har e seguit ar un e	
House #	Street Address			
City http://www.frpierry.db.c/.cipier.db.c/		State	Zjo Gode	Date [MM/DD/YYYY] \$
Receipt Description				
		general order grown grown	and the second s	the state of the s
Full Name				
House #	Street Address	State	Zp	Date [MM/DD/YYYY] \$
<b>City</b>			Code:	Date [MM/DD/YYYY] \$
Receipt Description	Marketis Salaman Salaman	[[[]]]][[[]][[]][[]][[]][[]][[]][[]][[	<b>建物的证明的证明</b>	* * * * * * * * * * * * * * * * * * *
Full Name	erisasi Histori Historia	Approximately and the second of the second o	<u>, Carron de la companya de la compa</u>	
House#	Street Address			
City	The state of the s	State a le la	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	A A CONTRACTOR OF THE CONTRACT	lagge to the second server the first file.	the second state of the state o	The second secon
House#				
		State	v <b>zip</b> ana a	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				ļ

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer dentification Number:	A A CONTRACTOR AND A STATE OF A S			
L. UNITEMIZED IN-KIND CONT				MP 14 12 12 14 10 10
	######################################			
TOTAL for the reporting period	(1)	\$		
2 IN KIND CONTRIBUTIONS R	agelaedraaanerelesselae	PTO \$250.00 /FROM PART		
TOTAL for the reporting period	(2)			
TOTAL for the reporting period	(2)	,		
5. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	的现在分词,这种"有效"的"一个"。	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals		I ' I		
on Page 1, Report Cover Page, Item F				

## SCHEDULE II

#### PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Fifer Identification	Number		The second secon	Process of the second of the s		<u> </u>
						<del></del>
Full Name of Co			en en en en 1978 en en en en en en 1970 en en en	Date (MM/DD/YYYY)	ा है	
				Date Ballate (1911)	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	Ş	
Description of Co	ontribution		<u> </u>		<u>انت</u>	
Full Name of Cor	nteibutor		the first term of the second o	Date [MM/DD/YYYY]	\$	<del></del>
				Section and the section of the secti		
House #	Street Address			Date [MM/pb/YYYY]	\$	
		F	(1000 to 2000 to 2010		4	
City		State	Zip Code	Date (MM/DD/YYX)	\$	
Description of Co	ontribution					
Full Name of Cor	ntributor			Date [MM/DP/YYYY]	\$	
					1 [	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
No seriotion of C	ontribution			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		
Full Name of Cor	ttibutor			Date [MM/DD/YYYY]	\$	(ethanological particular particu
House #	Street Address			Date [MM/DD/YYYY]	\$	
Clty in	A visit de de la constante de	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Co	antibution		世籍联系司法共和国 (1985年)			
Full Name of Con	atributor			Date (VIM/DD/AAAY)	\$	
	4 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			y y management of the state of		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Co				W-HOSTING 3 SALVA ORDER OF THE SALVA ORDER ORDER OF THE SALVA ORDER ORDER OF THE SALVA ORDER OF THE SALVA ORDER OF THE SALVA ORDER OR		
Description	Intribution.	100				

#### SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer identification N	umber:	in prima position in a citati (S			
	- West Wall		and the first of the second of		
Full Name of Cont	rioutor			Date [MM/OB/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	ZIp Code	Date [MM/DB/YYYY]	\$.
Employer Name				Occupation	
Employer Mailing	Address / Principal			Description	<del>-</del> ,
Place of Business	heiltäusen mittisku minikasion ja 1675			of Contribution	
Full Name of Cont	ibulor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MIW/DD/YYYY]	\$
CITY	ROSECTION CONTROL OF STREET	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	Address / Principal			Description	
Place of Business	itariya daga daga da da Bariya gara daga da da			of Contribution	
Full Name of Cont	ioutor	***	and the state of t	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City	115.00 14.00 15.00 15.00	State	Zip Code	Date [MM/DB/YYYY]	\$
Employer Name	rik lijik ili kara dibila pirak di delah Bajak kecamban kampa delah de			Occupation	
Employer Mailing Place of Business	Address / Principal			Description of	
Full Name of Contr	angsolosis su en delegad. Idunor		Canal and development was the Canal	Contribution :  Date [MM/DD/YYYY]	\$
egg Gle Spring und das Signification (SPI 2008) Signification (SPI 2008)				Street Addition of the Addition	
House #	Street Address			Date [MM/OD/AYAY]	\$
City		States	Zip Code	Date [MM/DD/YYYY]	\$
				Date [Min/DO] 1111	
	e vuoi derakii plumen Byra en karakii ka		rope is a second to the second	Occupation	
Employer Mailing A Place of Business	Address / Principal			Description of	- 11
				Contribution	

# Statement of Expenditures

** ** *		and the state of the first terms of the state of the stat	Control of the Contro	والمستوي والمستون فالمناطق المستوين والمناطق المستوين والمستوين والمستوين	and the second of the second o	
	itification Number.					
	and the second of the second o	the control of the control of		and the first place of the control o		

To Whom Paid	Please		terior and the second of the s	Date [MM/OD/Y9YY]	\$
				** 37333 86 36 696 496 5.3 40 20 20 30 30 40 50 50 50 50 50 50 50 50 50 50 50 50 50	
House #	Street Address			Description of Expendit	ure the state of the
City	ESCALABATE AND	State State	Zip Code	N 1134 1852 185 1863 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A PROPERTY AND A PROP
To Whom Paid	Figure 1 + de			Date [MM/DE//YYY]	\$
House#	Street Address			Description of Expenditu	
	Street Address			n Description of Expenditu	ure
City		State Line Hillian	Zip Code		
To Whom Paid				Date [MIVI/DD/XVVY]	\$
House #	Street Address			Description of Expenditu	ure State St
City	Biblio in National and a second	State	Zip Code	3 (2) (C. (2) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	1.2 202 10 3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4
To Whom Paid	T Decided in the control of the cont	\$1000.000 Park of Control of Cont	PERSONAL PROPERTY.	Date [MM/Db/WYY]	\$
House #	Street Address			Description of Expenditu	ıre de la
City		State	Zip Code		
To Whom Paid		Anticking contract	表示的数据273 PM 5 22 43 7 T	Date [MM/De/YYYY]	\$
House #	Street Address	<del></del>		Description of Expenditu	ıre
Cley	Policy de Cyto	State	Zíp Code	and a state of the	1 XXXII 00 00 00 00 00 00 00 00 00 00 00 00 0
To Whom Paid				Date [MIM/DD/XXXX]	<b>\$</b>
House#	Street Address			Description of Expenditu	ıre
City	between wavely style and the style s	State.	ZZp	3. 3.4 Marsa J. Dorosto I. Vichoro Obriba de Marsa Mar	33 1 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
To Whom Paid				Date [MM/DD/XYYY]	\$ 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House #	Street Address			Description of Expenditu	re in the second second
ČW	E	State	Zip Code	71.5 Wester (1990)	
To Whom Paid				spate MIX/JOD/AWA/	\$
House #	Street Address			Description of Expenditu	ire
City III		State	Zip Code	\$ 71 May 2 May 12 \ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	142 \$250 minutes 27 27 77 22 20 00 00 00 00 00 00 00 00 00 00 00

#### SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	n Number	
Name of Credits House # Ctty Description of E	Street Address	DATE DEBT INCURRED.    Code   Code
Name of Credits House # City Description of E	Street Address	DATE DEBT INCURRED  [MM/DD/YYYY]  State  Zip  Code
Name of Credity House # City  Description of C	Street Address	Outstanding Balance of Debt  DATE DEBT INCURRED  (MIM/DD/YYYY)  State  Code
Name of Credito House #  City  Description of D	Street Address	DATE DEBT INCURRED.  [IVIM/DD/YXXY]  State  Code
Name of Credito House #  City  Description of D	Street Address	DATE DEBTINCURRED 5 [MM/DD/YYYY]  State Zip Gode
Name of Credits House # City Description of D	Street Address	Outstanding Balance of Debt  DATE DEBT INCURRED  \$ [MM/DD/YYYY]  State  Code